BEST AVAILABLE COPY

1

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective 10-01

10-01-03

10 074937

CLAIMS AS FILED - PART I (Column 1) (Colum						mn 2)	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY								
TOTAL CLAIMS							RATE	FEE		RATE	FEE							
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	385	OR	BASIC FEE	.770							
то	TAL CHARGEA	min	minus 20= *			X\$ 9=		OR	X\$18=									
INDEPENDENT CLAIMS			mi	minus 3 = *			X43		OR	×86								
MULTIPLE DEPENDENT CLAIM PRESENT									1 1									
* If the difference in column 1 is less than zero, enter "0" in column 2							+145 : TOTAL		OR	+2907	•							
- If									OR	TOTAL								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OF			OTHER THAN R SMALL ENTITY								
	70.000 PM 200 PM 200 PM	(Column 1)	IS A STORE OF	HIGH	(COMMINICA)		·	, ,	· ·									
ENT A		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
AMENDMENT	Total	* 19	Minus	** 2)()	=	X\$ 9=	_	OR	X\$18=								
AME	Independent	* 4	Minus	###	4	=	X43=		OR	X8 &								
L	FIRST PRESE	NTATION OF MU	ULTIPLE DEI	LNDENT	CLAIM		+145:		OR	+290:	Å.							
							TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE								
(Column 1) (Column 2) (Column 3)																		
		CLAIMS		HIGH	IEST			ADDI-	l i		ADDI-							
NT B		REMAINING AFTER		PREVIO	OUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL							
AMENDMENT	Total	* AMENDMENT	Minus	PAID ***	FUR	=	X\$ 9=	FEE	OR	X\$18=	FEE_							
AENI	Independent	*	Minus	***		=				×86=	 							
Æ		FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM	- 	X43		OR	<u> </u>	<u> </u>							
,							+145		OR	+2 90 =								
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE								
(Column 1) (Column 2) (Column 3)																		
AMENDMENT	1	CLAIMS RÉMÁINING	17.5			PRESENT		7.DDI-	Ī	·	ADDI-							
		AFTER AMENDMENT		PAID	OUSLY	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE							
	Tota!	*	Minus	9.9.		=	X\$ 9=		OR	X\$18=								
	Independent	*	Minus	***		=	×43:		OR	X86								
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	T CLAIM		+145		1	<u> </u>	 							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+2.90	<u> </u>							
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE																	
	"If the "Highest Nu The "Highest Nun	imper Previously Particular Previously Previously Previously Previ	aid For" (Total o	io space r Independ	is less the lent) is the	an o, enter "3." e highest number	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											